PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

	Effective December 8, 2004									10/563621				
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	ER THAN LL ENTITY		
į	J.S. NATION	IAL STAGE FE				\neg	RATE	F	EE		RATE	FEE		
8	ASIC FEE		SMA	LL ENT. = \$ 150	LARG	E ENT. = \$ 300	,	BASIC FEE			OR	BASIC FEE	300	
Ε	XAMINATION	I FEE	1	Satisfies PCT Article 33(1)- (4) = \$50/\$100		er situations = 100 / \$ 200	1	EXAM. FEE				EXAM. FEE	2009	
SI	EARCH FEE		ALL	U.S. is tSA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400		All other situations = \$ 250 / \$ 500		SEARCH FE	Ε.			SEARCH FE		
FE	E FOR EXTR	A SPEC. PGS.		minus 100 =		/ 50 =	1	X \$ 125	=			X \$ 250		
rc	TAL CHARG	EABLE CLAIMS	1'	7 minus 20 =	•		1	X \$ 25 =	-	\neg	OR	X \$ 50 =		
N	DEPENDENT	CLAIMS	1	minus 3 =	•		X \$ 100	=	7	OR	X \$ 200 =	=		
AL.	ILTIPLE DEP	ENDENT CLAIM			1	+ \$ 180 =			OR	+ \$ 360 =				
1	f the differer		TOTAL)R	TOTAL	1						
-		(Column 1 CLAIMS REMAINING)	OED - PART (Column HIGHEI NUMBE	n 2)	(Column 3)		SMALL RATE	ADDI	-	R [SMALL	ADDI-	
<		AFTER AMENDMENT	r	PREVIOU PAID FO	- 1	EXTRA		RATE	FEE			RATE	TIONAL FEE	
I NICIAICIAI	Total	•	Minus	**	=			X \$ 25 =		Ol	٦	X \$ 50 =		
	Independent	•	Minus	***	=			X \$ 100 =		OF	: ا	X \$ 200 =		
	FIRST PRE	SENTATION OF	MULTIPLE C	DEPENDENT CL	AIM			+ \$ 180 =		OF	٠	÷\$ 360 =		
							-	TOTAL ADDIT. FEE		OR	TC	FEE		
		(Coļumn 1)		(Column :	2) (0	Column 3)								
		CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUS PAID FOR	LY F	PRESENT EXTRA		RATE	ADDI- TIONAL FEE			RATE	ADDI- TIONAL FEE	
F	Total	•	Minus	44	=		Γ	X \$ 25 =		OR	×	\$ 50 =		
4	ndependent	•	Minus	***	=		1	X \$ 100 =		OR	×	\$ 200 =		
	FIRST PRES	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						+ \$ 180 =		OR	+	\$ 360 =		
	-			<u>-</u>			TO	FEE		OR	TOT	AL ADDIT. FEE		
					•			-						
K t	he entry in colur	nn 1 is less than the	entry in colum	n 2, write "0" in colu	mn 3.									
K t	he "Highest Nun	nber Previously Pak nber Previously Pak	For IN THIS	SPACE is less than	'20', ente									
		ber Previously Paid					he ap	propriate box in	column 1.					

FORM PTO-875 (Rev. 02/2005)

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